

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

10/582511

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/	X			
4		/	X			
5		/	X			
6		/	X			
7		/	X			
8		/	X			
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TOTAL IND.	3	↓	/	↓	↓	
TOTAL DEP.	16	←	9	←	←	
TOTAL CLAIMS	19	████████	10	████████	████████	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	3	↓	/	↓	↓	
TOTAL DEP.	16	←	9	←	←	
TOTAL CLAIMS	19	████████	10	████████	████████	